Substance Abuse


Reviewer rating: Good

Review by Douglas H Frayn, MD, FRCP C Toronto, Ontario

This is a volume from the International Research Monographs in the Addictions series that presents both clinical and public health applications of biological, behavioural, and statistical addiction research. Keith Humphreys, from the Department of Psychiatry, Stanford University, Stanford, California, has written extensively about self-help groups and outcome research over the past decade.

This small book attempts to list, describe, and integrate the literature on all the registered self-help addiction groups worldwide. Reading it is like reading a dictionary; it has interesting, but often unrelated, individual items. It is also a tough read, since there is no consistent theme and the groups described are frequently unconnected, as is common with reference texts.

The book’s scope is broad and provides a general introduction to numerous addiction-related self-help groups. Humphreys’ goal was to illustrate the range of societal involvement in chemical dependencies, along with professional and lay responses to the worldwide problem of addictions. However, the book sacrifices depth, which it might have achieved if Humphreys had focused on the largest such organization: Alcoholics Anonymous (AA).

Certain groups (for example, AA, Blue Cross, Narcotics Anonymous, and Links) see substance abuse as a physical, spiritual, and moral problem. Conversely, others such as Rational Recovery and SMART Recovery, view it as primarily an unhealthy behaviour problem. Global cross-cultural issues also exist, both in the type of intoxicants preferred and in the philosophy of therapy given. For instance, it is assumed that alcoholism is rare in Asian and Semitic populations, owing to genetics and to having close family structures that may make drinking physically unpleasant or unacceptable. That said, these populations are well represented in the use of other addictive drugs, and some individuals within them feel doubly excluded because of their community’s disbelief that they could suffer from alcoholism.

With regard to alcoholism, high rates of drinking can be found by measuring population consumption levels, but an even more accurate method is to assess the degree of liver cirrhosis (for example, Ireland, Scotland, and Italy, among other countries, have high rates).

In most modern cities, however, it is the rule rather than the exception that, although over 10% of the general population abuse alcohol, people with addictions depend on multiple drugs.

It is beyond the scope of this review to discuss all the different self-help addiction groups available, but it is sufficient to say that 50% are located in the US and 5% in Canada. Worldwide, AA alone has over 100 000 groups and 2 million members who attend regularly. It is estimated that 3 times this number have some contact with a group, without necessarily joining. What makes self-help groups so popular? Humans tend to gather together, accumulate resources, and solve shared threats. Most group members seek professional help; however, as with most chronic problems, it is not the acute problem that presents the major disability but the chronic, ongoing one.

Physicians and self-help groups share something in common—mutual distrust! Some members have had bad experiences with conditioning and behavioural techniques as well as with newer medications that proved later to have abuse potential. Professionals find it difficult to believe that a leaderless, nonprofessional group has something more to offer than availability and less expense. Conversely, self-help groups often feel that professionals are basically ignorant of the ongoing problems facing individuals in recovery. Health consumer movements have significantly criticized institutional–medical–legal addiction models as ineffectual, hopelessly expensive, and unavailable to a significant percentage of the afflicted population.

The central messages of most substance abuse self-help groups seem lost to many physicians: abstinence, not moderation, is the only realistic and practical solution for most patients with addictions, with the possible exception of some younger early users; relationship contacts should replace chemical use; no future time exists at which formerly dependent patients can safely experiment with their addictive drugs; cross addiction is the rule rather than the exception, which becomes most obvious when the drug of choice is restricted; and finally, physicians are welcome to most “open” meetings, but as informed individuals rather than as leadership models.

With regard to the formation of organizations devoted to helping drug-dependant patients, conflicting convictions about the importance of spirituality, abstinence, confrontation, and anonymity have played a role. Of equal importance has been the formation of self-help groups based on race, culture, religion, sex, and sexual preference. Statistically speaking, however, AA is the only self-help organization large enough to potentially produce population-level effects.

Humphreys summarizes his account with the observation that many self-help groups have similar effects to those desired of professional treatment programs—reduced alcohol and drug use, diminished depression and anxiety, and improved social functioning. In addition to reduced addiction-related issues, group members list spirituality, new identity, fellowship networking, and empowerment through activism as features attained through continued group participation. Perhaps of greater interest to politicians and government...
agencies, the most reliably demonstrated effect of self-help group participation is its power to sharply reduce addiction-related health care costs.

Cooperation between treatment professionals and self-help groups can exist only when knowledge of what each has to offer the other is available and facilitated. Professionals can provide acute care, referrals, and health information; self-help groups can support the long-term recovery of large numbers of substance abuse patients.

This book will be particularly interesting to health research professionals and addiction specialists. It will also be a useful reference text for physicians treating patients who abuse substances or referring patients to community health facilities dealing with substance abuse. Humphreys does not definitively answer the question of why and how some individuals who chronically abuse chemicals recover while many others either relapse or die, but he does offer hope and evidence that organizations exist that are quietly doing a magnificent job helping the hopeless.

**Psychotherapy**


**Reviewer rating: Excellent**

**Review by** Paul Ian Steinberg, MD, FRCPC *Edmonton, Alberta*

This comprehensive text on group psychotherapy for psychological trauma passes what is for me the most important test of an edited book: the quality of the writing is smooth and consistent from chapter to chapter, and the chapters follow each other in a logical manner without redundancy or obvious omissions. Part one, “Concepts, Theories, and Strategies,” comprises 5 chapters that include an introduction and chapters on initiating, screening, and maintaining groups for traumatized patients; on managing trauma-related affect, defenses, and dissociative states; on whole-group dynamics in work with traumatized patients; and on countertransference reactions in trauma groups. Part 2, “Special Populations and Trauma Groups,” has 8 chapters. Several chapters discuss group psychotherapy for individuals with symptoms of posttraumatic stress disorder, for survivors of sexual and physical abuse, and for those suffering the psychological trauma of prolonged, severe, and (or) terminal illness. Other chapters discuss group intervention and support after disaster, group treatment of children suffering from trauma and loss, group treatment for victims of political torture and other forms of severe ethnic persecution, group treatment of dissociative identity disorder, and finally, group treatment of severe clinical disorders, personality disorders, and substance abuse disorders.

This organized and lucid book offers a comprehensive and thoughtful approach to the subject. The authors are clearly highly committed and expert in their field. Summaries at the end of each chapter are useful additions. Some of the writing assumes that readers have some familiarity with psychoanalytic terminology, which might challenge naive readers. That said, each chapter engages the reader, and the authors offer sound psychoanalytic bases for their suggestions. This text successfully integrates psychodynamic principles with techniques specific to the treatment of traumatized patients. Implicit in it is a convincing argument for the efficacy of group psychotherapy.

The authors frankly acknowledge the limitations of the treatment they describe and what should be realistic goals for their patients. I did, however, find some suggestions curious, such as the ideas of reading a children’s book aloud, in a group setting, to a patient in a dissociative trance; or having modelling clay available to reveal themes for exploration; or having a basket of helpful objects available. The authors do not make it clear that these techniques should be restricted to the more supportive, initial, Stage 1 groups (which would make these approaches more understandable in the context of the book’s generally psychodynamic approach). Objects in the basket, for example, might be understandable as transitional objects for patients to take home to help soothe themselves, but this was only implied. Another technique that is hard to understand is the suggestion that the therapist should buy each group member a candle to be lit during the therapist’s vacation, at the usual time of the group meeting. Further, I can only describe some ideas as “hokey”—for example, the suggestion that, when a group member leaves, others should be given a balloon to release into space with good wishes for the departing member. A final comment: I believe that the use of the term “antisocial” should be restricted to individuals displaying traits of antisocial personality disorder as opposed to the deliberate social isolation that frequently accompanies trauma and dissociation.

In general, this book is excellent, well-edited, and impressive, especially given its multiple authors. A single reference was missing in Chapter 1. Further, in Chapter 4, Ramon Ganzarain omits Sheidlinger’s important work in a discussion of the group as a maternal metaphor, using the phrase “mother group” without attribution—a minor complaint—and there was one ungrammatical sentence, the meaning of which could not be understood. In sum, this text is essential reading for anyone contemplating group psychotherapeutic treatment for individuals with psychological trauma, which would include, in my opinion, most patients with a diagnosis of a severe personality disorder. I warmly recommend this book to all group therapists, who will find much of value in it.


**Can J Psychiatry, Vol 50, No 6, May 2005**
Reviewer rating: Excellent

Review by Irene Patelis-Siotis, MD, FRCPC Hamilton, Ontario

This excellent book, which explores the issue of resistance in cognitive-behavioural therapy (CBT), should be read by anyone practising CBT. Most of the chapters are easy to read and address critical CBT issues. Several themes can be summarized as follows:

1. As the title indicates, the book focuses, first, on “roadblocks” to effective CBT. Many of these roadblocks are discussed in detail, with the discussion focusing particularly on personal roadblocks that can be attributed to the therapist, roadblocks inherent in the interpersonal process of therapy, and on how these interfere with the therapy course.

2. The book’s second theme is that cognitive therapists need to pay more attention to emotions when practising CBT. Although practising CBT techniques is an essential component of treatment, patients’ emotions are equally important and should not be neglected.

3. A third important theme is the risk that therapists will become too rigid when practising CBT. Here, interesting issues are discussed, such as the advantages and disadvantages of using manuals in the practice and study of CBT.

4. A final theme is that in most clinical situations it is important, if not essential, to work at a deeper cognitive level, focusing on schemas to better understand the complexity of our patients.

This book has 5 parts. Part 1 addresses case conceptualization and how essential it is to our deep understanding of the patient. Its chapters are well written and practical. I would particularly recommend them for learners of CBT. Along with the case conceptualization, the authors incorporate stages-of-change theory, which is critical to understanding why a patient may not be doing well in therapy. Part 2 has 3 chapters that are interesting to read, particularly for any psychiatrist treating patients with severe mental illness. One does not need to be a cognitive therapist to benefit from these chapters. Adrian Wells’ review of the metacognitive processes and overall processing of information helps us understand one of the many factors contributing to the chronicity of illness. Robert Leahy’s chapter on “Emotional Schemas and Resistance” is particularly interesting, as it gives us a model to understand some patients’ difficulties with tolerating emotional pain. As do many of the other chapters’ authors, Leahy illustrates his model with a clinical example. He also provides useful interventions to address this form of resistance. The last chapters of Part 2, by Stephen Holland, integrate Greenberg’s model of emotional processing with CBT to explain the frequently encountered problem of emotional avoidance. Part 3 covers specific populations, including patients with psychosis, bipolar disorder (BD), posttraumatic stress disorder (PTSD), and binge eating disorder. The chapter on PTSD offers an excellent algorithm treatment model to guide clinicians in choosing the treatment best suited to each patient. The chapter on BD is the weakest, in that it fails to address some common factors contributing to resistance in BD patients, such as perfectionism and the presence of comorbid disorders that frequently interfere with improvement.

Part 4 addresses couple and family issues that so frequently contribute to resistance. The chapter on couple therapy is, unfortunately, not specific enough to CBT. Part 5 is one of the most interesting sections of this book: it discusses some of the psychotherapy processes that may contribute to resistance. Chapter 13 deals with the difficult-to-treat-patient from the perspective of Linehan’s dialectical behaviour therapy. This chapter is both practical and easy to read. I recommend it to anyone treating individuals with complex clinical presentations. In chapter 14, Christopher Stevens and colleagues focus on the therapeutic relationship. The authors educate us about “metacommunication,” a critical process that occurs in any therapeutic relationship. Indeed, understanding metacommunication provides tools to address alliance ruptures without compromising the cognitive therapy approach.

In summary, this is an excellent, affordable, and well-written book that skilfully addresses the issue of resistance in therapy, a difficult problem for most clinicians.

Transcultural Psychiatry


Reviewer rating: Very good.

Review by Frank Frantisek Engelmann, PhD, CSc Montreal, Quebec

JB Waldram, a medical anthropologist and professor in the Department of Psychology at the University of Saskatchewan, spent considerable time in Algonkin communities in Northern Canada, where he heard stories of the windigo, the cannibal monster. In this book, he presents a remarkable critical review of studies of North American Aboriginal people. He tries to show how 3 disciplines—anthropology, psychology, and psychiatry—created and distorted our image of Aboriginal people. The author does not offer new data but, rather, points out the problems scholars and researchers have encountered with concepts, methods, and theories—problems that have led to questionable conclusions and generalizations often devoid of historical and social context.

The book has 12 chapters divided into 3 parts. The first part reviews efforts in the first half of the 20th century to identify basic Aboriginal personality structure; it discusses classic approaches by anthropologists such as Ruth Benedict and her contemporaries, who were influenced by the pioneering work of Franz Boas. Their projects aimed to preserve the vanishing North American Aboriginal cultures and explore their patterns. Benedict’s work is criticized for omissions or selective use of nonconforming data, for example, in
regard to violence and alcohol abuse (p 25). Waldram concludes that Benedict’s classic examination was fundamentally flawed (p 26). He describes the emergence of psychoanalytical anthropology and the influence of Sigmund Freud’s evolutionary ideas that sought parallels between “primitive” people and neurotic behaviour. Culture-and-personality studies came under attack by the middle of the 20th century, however, with new interest in the trait list approach to personality and problems of acculturation.

One of the most documented efforts to focus on the psychological consequences of acculturation was the Indian Education and Administration Research Project, initiated in 1941 at the University of Chicago. This interdisciplinary project aimed to improve Indian schooling and administration. It involved some 50 eminent scientists and used standardized psychological tests such as the Rorschach, Thematic Apperception Test, Goodenough Draw-A-Man, Wechsler Intelligence Scales, and other methods. The tests might have failed to measure “Native intelligence,” but they helped to refine cross-cultural techniques. Some of the monographs produced became ethnographic classics, although cautionary notes warned readers not to overgeneralize. The project was a testing ground for cooperation among anthropologists, psychologists, and psychoanalytic psychiatrists. Anthropologists persevered in their use of tests and generated psychological profiles for many different Aboriginal North American groups. Rorschach was useful for cross-cultural comparison, although some results were too general or vague to be of value. The Minnesota Multiphasic Personality Inventory (MMPI) was also widely used, but acculturation and socioeconomic status—especially education or occupation—affected scores on the abbreviated MMPI 168-item scale. Psychometric approaches to the study of personality and intelligence attempted to capture the essence of the Aboriginal in terms of a few items and scale scores used to differentiate among groups and cultures—but whatever culture is, it is certainly not simply a variable (p 101).

The second part of the book examines both early and contemporary studies of Aboriginal psychopathology, with specific attention to concepts of acculturative stress. Some early acculturation studies held the view that utopian, “genuine,” internally harmonious Aboriginal cultures existed before the arrival of Europeans. Other early studies described Aboriginals as unbalanced, childlike, and simplistic. Echoing the views of Ruth Benedict, George Devreux, a psychoanalyst with an anthropological inclination, questioned the appropriateness of Western psychiatric diagnosis for American Indian peoples. Nevertheless, ethnography and psychiatric epidemiology are compatible, even though psychiatric diagnostic methods have limited cross-cultural validity.

No single Aboriginal mental health topic has dominated the research as much as alcohol abuse, a topic that has generated genuine concern as well as absurdities with racist overtones. To review the literature on the drinking habits of Aboriginal people is a monumental task. In short, drinking can have destructive as well as adaptive effects, and contradictory evidence has become a part of research. Many individuals and communities are, in fact, doing well.

Aboriginal depression and suicide show high and increasing rates linked to cultural discontinuity (acculturation or anomie), physical illness, accidents, and social disorganization. Waldram calls for the development of an integrated explanation to account for the variability of depression and suicide patterns or why some individuals, but not others, suffer so much distress. He singles out 3 culture-bound syndromes—windigo psychosis, pibloktoq (arctic hysteria, a dissociative trance disorder), and ghost sickness—as “unparalleled examples of wayward psychiatric mythologising . . . folklore, errant historical documents and naive scholarship” (p 211). The author holds that posttraumatic stress disorder, one of the recently defined and significant psychiatric diagnostic categories, needs analysis and conceptualizing in regard to the historic, cultural, collective, and other types of trauma found in the Aboriginal mental health discourse. Trauma is a common part of human experience, but some described traumas reach extreme and tragic proportions.

The third and last part of the book deals with treatment. It focuses on ethics and values believed to be effective in therapeutic interventions. In retrospect, some of the guidance for culturally competent treatment appears absurd (p 246). The author discusses issues of therapist and counsellor compatibility with Aboriginal clients, as well as the utility of individual and group-oriented treatment. Aboriginal values have been presented as categorical and absolute, despite evidence of extensive ambivalence and contradiction. No clear definitions of Aboriginal traditional healing exist, which may be a metaphor for social change as well as personal recovery. The last pages of the book call attention to so-called “creolization,” a process promoting the exploration of the ethnocultural interplay with mental health within a context of cultural heterogeneity, globalization, increased communication, and social change.

It is not easy to report in detail on this comprehensive and highly informative book. It is clearly written and shows profound knowledge of the field. There are over 800 references, although the reader would benefit from more demographic data. A lack of solutions to problems of culture and Aboriginal mental health seems frustrating. Criticism is pointed and sharp. Perhaps, many have failed to comprehend the meaning of Aboriginality in terms of mind and mental health, yet the complexity of these issues calls for tolerance. We try to cope with inconsistencies in empirical research, without compromise on ethics. Awareness of possible errors can help improve methods and make findings more useful, leading to better solutions. Perhaps then can researchers avoid windigo’s symbolic revenge. This scholarly book will interest students, practitioners, and researchers in medical anthropology, cultural psychiatry and psychology, and related disciplines.